

ORIGINAL VERSION

My General Impression: This piece is not coherent, not well-argued, is structured poorly, lacks substance, and has an unprofessional tone. It needs a complete rewrite.

REWRITE STARTS ON PAGE 4.

The Pandemic Healthcare Professional Burnout, and Disability Insurance: What You Need to Know

The Pandemic, Healthcare Professional Burnout, and Disability Insurance: What You Need to Know: The COVID-19 crisis has taken a toll on people all over the world, but perhaps no one has felt more pandemic-related pressure than healthcare professionals. This fact was tragically displayed when a [New York City ER physician committed suicide due to the horrors she experienced while working on the front lines of treating COVID-19](#).

Healthcare workers are risking their lives to care for their patients. They are also witnessing widespread sickness and suffering while dealing with concerns about having enough PPE and life-saving equipment to do their jobs. As a result, these medical workers face trauma, sadness, and fear of what will happen next. And with no end in sight, our healthcare community is at significant risk of experiencing a serious burnout.

How, then, may healthcare professionals ensure that they are healthy enough to do their jobs effectively? Can the pressures of this unprecedented situation cause mental health issues that rise to a disability level? And if COVID-19 related stress leads to an illness or injury serious enough to cause long or short-term disability, will typical disability insurance policies cover this unique situation?

Stress causes serious physical and mental health problems

Stress is one of the most common triggers of physical and mental health problems. When considering all of the underlying conditions or diseases one might have, stress will invariably make things worse. Stress may exacerbate conditions like:

- Heart disease

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Commented [ECH2]: This entire thing does not need a hyperlink. Just hyperlink "New York City ER physician committed suicide"

Commented [ECH3]: This is sort of a duh; your audience already knows this. Take it out or rewrite it.

Commented [ECH4]: This seems like a very nebulous question; you should be TELLING the reader this, not speculating.

Commented [ECH5]: Writing three questions in succession is not a paragraph. Needs rewriting. This also reads as low-level and not properly matched to the audience's education level.

- Autoimmune diseases
- Depression and anxiety
- GI problems
- OCD
- Asthma
- Migraines

Because of this, COVID burnout is a real threat to American patients and their families. If a doctor is too sick or stressed to offer the best possible care, then they are essentially unable to perform their job duties properly because of their condition.

Will disability insurance cover claims based on healthcare professional burnout?

As one might imagine, it might be challenging to convince an insurance provider that increased job stress is a good enough reason to pay out a disability claim. After all, aren't healthcare careers inherently stressful?

Perhaps. But the COVID-19 crisis is not the same as the workplace stress that healthcare pros might encounter during normal times. It's essential to understand the mental health problems or stress-induced diagnoses your disability insurance carrier may cover.

The average disability policy is not good enough for burnout issues

Many healthcare professionals understand the importance of having "own occupation" disability coverage versus "any occupation" coverage. An own occupation policy ensures that a healthcare worker can collect disability payments in the event that the worker is barred from working in their usual occupation. However, even with an "own occupation" definition of disability some carriers may deny a claim if the healthcare worker can still practice medicine or work within their field in a different or limited capacity.

The ideal solution is for healthcare professionals to buy a disability policy that will pay out in any situation where a healthcare professional cannot perform their usual and specific procedures and duties. [Healthcare professionals need an "own procedures" definition of disability.](#) Here's an example: imagine that a highly skilled surgeon is

Commented [ECH6]: COVID burnout isn't a real phrase; it's slang. We should just say burnout or COVID-19 burnout.

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Commented [ECH8]: This entire section reads like WebMD. It needs to be rewritten with better context or removed. It's not being used for marketing; there is no underlying strategy connecting it to the urgency of disability insurance. It's just an info dump with a weak tie-in at the end. The header is also not working from an SEO perspective. Also, needs much more meat.

Commented [ECH9]: Another question. Not a good H2 and way too long.

Commented [ECH10]: Too sparse. No meat. No solid argument, not enough content to comprise an entire section. Also, it doesn't even answer the question posed in the H2.

Commented [ECH11]: This seems to be the crux of what you're trying to convince the reader. It should be introduced much earlier on in the piece.

Commented [ECH12]: I'm going to stop editing here so as to not waste time. It's a mess. Needs a total rewrite.

experiencing tremors caused by their stress from the COVID-19 pandemic. While the surgeon might be able to practice medicine in some regard, they may be prevented from performing their usual surgical activities.

Some income protection policies may also require stringent proof of disability to start paying out on the claim. If an insurer requires examinations or rigorous interviews to pay on a burnout-related claim, the healthcare professional faces even more stress and pressure.

Now is the time for brokers to help healthcare workers make sure that their income protecting disability insurance policies are up to date

The COVID-19 crisis provides a good reason for healthcare professionals to make sure they fully understand the extent of their disability coverage. Will their coverage kick in as soon as a burnout-related disability begins affecting job performance? Or does the healthcare professional need to undergo a comprehensive and detailed investigation of their disability? Who determines whether the disability claim is legitimate? If it is legitimate, how long does the professional need to be away from work to recover fully? These are the crucial questions brokers must make sure healthcare professionals understand when discussing disability coverage.

Like everyone, insurance professionals are dealing with completely uncharted territory. That's why experienced insurance brokers must prepare to help their clients navigate their way through this challenging time. But armed with good disability insurance options, brokers can help our heroes on the front lines have the protection they need.

REWRITTEN VERSION

Pandemic Burnout and Disability Insurance

[A September 2020 study from a group of U.S. and Swedish researchers](#) indicated a higher-than-normal level of burnout for healthcare professionals during the COVID-19 pandemic, as compared to other years. The study included 2,707 professionals from more than 60 countries, and found that 51% of providers were experiencing burnout. Here in the U.S., [a 2020 report by the Society of Critical Care Medicine](#) surveyed 9,492 intensive care unit clinicians, and found that median levels of self-reported stress increased from 3 to 8 (on a 0 to 10 scale) as the pandemic unfolded.

Research regarding physician burnout is variable due to a lack of agreed-upon terminology, [according to The American Journal of Medicine](#), however it is generally thought to hover between 40-50% of physicians during an average year. It is also thought to be most prevalent among physicians aged 45 to 54 – an age of peak income and productivity – and to regularly transition into major depression, substance abuse, and even suicide. In fact, burnout-related depression appears to be more common for physicians than for other types of professionals. This statistic has only gotten worse with the pandemic.

When burnout becomes a mental health disorder and/or a substance abuse problem, it opens up the discussion into disability insurance and why having the right coverage is important. If pandemic-related stress leads to emotional anguish that is so severe as to become disabling for the healthcare provider on a short- or long-term basis, will the insurance policy provide sufficient income replacement during recovery? Will it provide a benefit payout at all?

The average disability policy is not good enough for healthcare professionals.

Healthcare professionals are a unique bunch in that they usually have high income levels which are occasionally comprised of multiple income sources, while also sometimes owning practices and managing heavy debt from student loans. Like many other professionals, their financial solvency relies on their ability to work. Unlike many other professionals, losing the ability to work can impact more than just the physician's capacity to support themselves and their family;

it sometimes impacts the solvency of a medical practice or the physician's ability to meet their loan repayment obligations.

Physicians are also unique in that they regularly specialize in a particular area of medicine that is razor-thin in its definition. Examples include broader specialties like anesthesiology, neurology, emergency medicine, and radiation oncology, and more specific sub-specialties like neuroradiology, medical toxicology, congenital cardiac surgery, and hematology. The importance of "own occupation" disability coverage (which kicks in if they can no longer practice in their specific field according to CPT/CDC codes) versus "any occupation" coverage (which only kicks in if they can no longer work at all) is essential when recommending disability insurance for healthcare professionals.

Beyond this important policy definition, Mental & Nervous and Drug & Alcohol (MNDA) coverage becomes key when talking about insurance coverage for burnout – even in non-pandemic years, when burnout is already quite high. Healthcare professionals benefit most from disability policies that offer:

- **No MNDA exclusions.** Some long-term disability (LTD) policies will not cover preexisting conditions, like major depression or anxiety disorders, and many MNDA disabilities can be recurring in nature.
- **No lifetime max on benefits.** Many LTD policies cap benefits at 24 months, which is insufficient for the field of medicine and its higher levels of stress.
- **"Per occurrence" coverage.** Policies without this specific language will not pay benefits if the physician suffers a relapse, or if the disability caused by burnout manifests in a different way.

Some LTD policies may also require stringent proof of a disability to start paying out on the claim. If an insurer requires examinations or rigorous interviews to pay on an MNDA-related incident, healthcare professionals can face an undesired compounding of additional stress and pressure.

Make sure your healthcare clients are financially prepared for burnout.

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COVID-19 has opened many people's eyes to the importance of disability coverage for all types of disabilities, both physical and mental. However, overworked providers may have neglected to review their plans to make sure their expectations for policy payouts are in line with what will actually occur in the event of a disability. Questions to ask your clients during the pandemic and beyond, to ensure coverage for burnout-related disabilities, include:

- Do *all* of their disability insurance policies offer MNDNA coverage?
- Are the coverage amounts high enough to replace all income and to also cover any business expenses or student loans?
- Will the policies pay benefits on a relapse under the MDNA provisions? In what timeframe?
- Will the policies cover all possible mental and physical conditions that could be attributed to burnout and extreme work stress?
- Are there any preexisting condition exclusions that may impact their ability to collect benefits if they become disabled due to burnout?

Benefits advisors can better earn their clients' trust by working to truly grasp their day-to-day lives, what their risks are, and how much coverage they truly need. Part of this process is understanding that The American Journal of Medicine cites specific concerns about burnout rates for all of the following types of healthcare professionals: family physicians, emergency room physicians, psychiatrists, anesthesiologists, cardiologists, radiologists, general internists, dermatologists, oncologists, general surgeons, gastroenterologists, trauma surgeons, obstetrician-gynecologists, and physiatrists.

Until healthcare professionals become more comfortable seeking early treatment without the fear of stigmas or professional repercussions, and until their workloads decrease to the point where they *can* take time to care for themselves, burnout will continue to be a risk factor for disability in the healthcare industry. Make sure your clients are covered through comprehensive disability plans that you *know* are tailored to their specific needs.